

CHILDREN'S MENTAL HEALTH BUREAU
Health Resources Division - DPHHS

Medicaid Children's Mental Health Plan and
Children's Mental Health Services Plan (CHMSP)

Services Excluded from Simultaneous Reimbursement
September 1, 2005

The following matrix identifies services that will not be reimbursed when provided on the same day. All services must be medically necessary (37.82.102(18) Administrative Rules of Montana).

	PHP/IDT	Day Tx	½ Day TX	CSCT	OP	CBPRS	Respite	TGH	TFC
PHP/IDT		X	X	X	X	X			
Day Tx	X		X	X					
½ Day Tx	X	X		X					
CSCT	X	X	X		X*	X*			
OP	X			X*					
CBPRS	X			X*				X*	X**
Respite								X	
TGH						X*	X		X
TFC						X**		X	

PHP/IDT - Partial Hospitalization/Intensive Day Treatment – H0035-U8, H0035-U7, H0035-U6, and H0035

Day Tx – Day Treatment, Youth, Full Day – H2012-HA

½ Day Tx – Day Treatment, Adult and Youth, Half Day – H2012-HA

CSCT – Comprehensive School and Community Treatment – H0036

OP – Outpatient Therapy – 90804, 90806, 90810, 90812, 90846, 90847, 90849, 90853, 90857

CBPRS – Community Based Psychiatric Rehabilitation and Support – H2019

Respite – S5150-HA

TGH – Therapeutic Youth Group Home, Moderate, Intensive, Campus – S5145, S5145-TG and S5145-TF

TFC – Therapeutic Youth Family Care, Moderate, Permanency – S5145-HR, S5145-HE-TG

*When prior approval by department utilization reviewer, First Health Services of Montana, Inc.

**The exception to this is Moderate Level. CBPRS and TFC (Moderate Level) can be billed at the same time, Intensive level TFC cannot be billed at the same time.